

<i>SERFF Tracking Number:</i>	<i>BRTH-125533568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brotherhood Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR WC FC 2008 01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal</i>		
<i>Project Name/Number:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01</i>		

## Filing at a Glance

Company: Brotherhood Mutual Insurance Company

Product Name: WC BWC 00 00 00 A-1      SERFF Tr Num: BRTH-125533568      State: Arkansas  
Withdrawal

TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: AR WC FC 2008 01	State Status: Fees verified and received

Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
-------------------	------------	---

Authors: Linda Emenhiser, Karen Miller	Disposition Date: 03/17/2008
--	------------------------------

Date Submitted: 03/11/2008	Disposition Status: Approved
----------------------------	------------------------------

Effective Date Requested (New): 07/01/2008	Effective Date (New): 07/01/2008
--	----------------------------------

Effective Date Requested (Renewal): 07/01/2008	Effective Date (Renewal):
--	---------------------------

State Filing Description:

## General Information

Project Name: WC BWC 00 00 00 A-1 Withdrawal

Project Number: AR WC FC 2008 01

Reference Organization:

Reference Title:

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Corresponding Filing Tracking Number:

Filing Description:

We are withdrawing our endorsement BWC 00 00 00 A-1 (2.0) effective July 1, 2008. This endorsement was approved under our filing number WC F/C 05 01. For your convenience, we have attached a copy of the endorsement.

We are affiliated with NCCI for workers compensation forms. We use the forms and endorsements filed on our behalf by NCCI for our workers compensation policies.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number:	BRTH-125533568	State:	Arkansas
Filing Company:	Brotherhood Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR WC FC 2008 01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC BWC 00 00 00 A-1 Withdrawal		
Project Name/Number:	WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01		

## Company and Contact

### Filing Contact Information

Linda Emenhiser, Sr. Rate & Filing Coordinator lemenhiser@brotherhoodmutual.com

P. O. Box 2227 (260) 482-8668 [Phone]

Fort Wayne, IN 46801 (260) 483-7525[FAX]

### Filing Company Information

Brotherhood Mutual Insurance Company CoCode: 13528 State of Domicile: Indiana

PO Box 2227 Group Code: -99 Company Type:

6400 Brotherhood Way

Fort Wayne, IN 46801-2227

(260) 482-8668 ext. 9972[Phone]

Group Name:

State ID Number:

FEIN Number: 35-0198580

-----

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Brotherhood Mutual Insurance Company	\$50.00	03/11/2008	18501263

<i>SERFF Tracking Number:</i>	<i>BRTH-125533568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brotherhood Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR WC FC 2008 01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal</i>		
<i>Project Name/Number:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	03/17/2008	03/17/2008

<i>SERFF Tracking Number:</i>	<i>BRTH-125533568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brotherhood Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR WC FC 2008 01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal</i>		
<i>Project Name/Number:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01</i>		

## **Disposition**

Disposition Date: 03/17/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BRTH-125533568	State:	Arkansas
Filing Company:	Brotherhood Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR WC FC 2008 01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC BWC 00 00 00 A-1 Withdrawal		
Project Name/Number:	WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Workers' Compensation Endorsement	Withdrawn	Yes

SERFF Tracking Number: BRTH-125533568 State: Arkansas

Filing Company: Brotherhood Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR WC FC 2008 01

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: WC BWC 00 00 00 A-1 Withdrawal

Project Name/Number: WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	Workers' Compensation Endorsement	BWC 00 00 00 A-1	2.0	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 N/A Previous Filing #: WC FC 05 01		BWC 00 00 00 A-1(2.0).pdf

This Workers' Compensation Endorsement is subject to the terms of the Workers Compensation and Employers Liability Insurance Policy (WC 00 00 00 A). It modifies the *Premium* section of the Workers Compensation and Employers Liability Insurance Policy (WC 00 00 00 A) as stated herein.

**-Please read this carefully-**

## **WORKERS' COMPENSATION ENDORSEMENT**

### **AMENDMENT**

Policy WC 00 00 00 A, Part Five – *PREMIUM*, Provision E 'Final Premium,' is deleted, and replaced in its entirety by the following provision:

#### **E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. In this case, we will provide you with a notice of additional premium due for the balance. Any such premium balance is due no later than the date specified as the 'Due Date' on the additional premium notice. If the final premium is less than the premium you paid to us, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way unless our manuals provide otherwise.

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

### **ALL OTHER POLICY PROVISIONS**

All other policy provisions of WC 00 00 00 A remain unchanged.

<i>SERFF Tracking Number:</i>	<i>BRTH-125533568</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brotherhood Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR WC FC 2008 01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal</i>		
<i>Project Name/Number:</i>	<i>WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01</i>		

## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number:	BRTH-125533568	State:	Arkansas
Filing Company:	Brotherhood Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR WC FC 2008 01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC BWC 00 00 00 A-1 Withdrawal		
Project Name/Number:	WC BWC 00 00 00 A-1 Withdrawal/AR WC FC 2008 01		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	03/17/2008
-------------------------	--	-----------------------	----------	------------

### Comments:

### Attachment:

AR LIA Forms\_industry\_rates\_PCtransDoc\_intelligent.pdf

Filing information (see General Instructions for descriptions of these fields)				
9.	Type of Insurance (TOI)			
10.	Sub-Type of Insurance (Sub-TOI)			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12.	Company Program Title (Marketing title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:		Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1